

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>10/1597796</i>	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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TOTAL DEP.	←	18	←		←			
TOTAL CLAIMS			91					
100								
TOTAL IND.				↓				
TOTAL DEP.	←		←		←			
TOTAL CLAIMS								